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What is This?
Multiple Oppressions and the Mental Health of Sexual Minority Latina/o Individuals

Brandon L. Velez¹, Bonnie Moradi¹, and Cirleen DeBlaere²

Abstract
This study investigated the additive and interactive relations of two forms of external oppression (racist discrimination and heterosexist discrimination) and internalized oppression (internalized racism and internalized heterosexism) with psychological distress, life satisfaction, and self-esteem in a sample of 173 sexual minority Latina/o adults. A combination of external and internalized oppressions was associated uniquely with psychological distress whereas the two internalized oppressions were linked uniquely with life satisfaction and self-esteem. The Racist discrimination × Internalized racism, Racist discrimination × Internalized heterosexism, and Heterosexist discrimination × Internalized racism interactions each accounted for unique variance in self-esteem. Specifically, low internalized racism protected self-esteem at low levels of racist discrimination, low internalized heterosexism protected self-esteem at high levels of racist discrimination, and low internalized racism protected self-esteem at high levels of heterosexist discrimination. Thus, multiple forms of oppression contribute additively and interactively to mental health in this population.

Keywords
LGBT, race/ethnicity, multiculturalism, social justice, quantitative

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Perceived experiences of external oppression, such as racist or heterosexist discrimination, are correlated positively with the psychological distress of racial/ethnic minority and sexual minority (e.g., lesbian, gay, bisexual, queer) individuals (Pascoe & Smart Richman, 2009). Internalized oppression, such as internalized racism or heterosexism, involves the internalization of negative attitudes or feelings about one’s minority group or identity and is also correlated positively with psychological distress in such populations (Szymanski, 2006; Szymanski & Gupta, 2009a; Szymanski & Meyer, 2008). Prior research tends to focus on oppressions related to a single minority status (e.g., race or sexual orientation), leading to calls for attention to people with both racial/ethnic minority and sexual minority statuses (e.g., Moradi, DeBlaere, & Huang, 2010). Thus, the present study tests theoretically grounded propositions about the unique and interactive relations of racist and heterosexist external and internalized oppressions with the mental health of sexual minority Latina/o individuals.

**Context for Focus on Sexual Minority Latina/o Individuals**

The term “Latina/o” refers to individuals who are from Cuba, Mexico, Puerto Rico, South or Central America, or other Spanish-speaking nations, or individuals who are descendants of people from those nations, regardless of race (United States [U.S.] Census Bureau, 2011). Throughout this article, we use “Latina/o” to refer specifically to Latina/o individuals who reside in the United States. Results of recent U.S. national surveys suggest that 4% of Latina/o people identify as sexual minority or transgender, and 17% of sexual minority and transgender individuals identify as Latina/o (Gallup, 2012; Pew Research Center, 2013). Nevertheless, sexual minority Latina/o people are underrepresented in the psychological literature on Latina/o individuals and sexual minority people, respectively (Huang et al., 2010). Moreover, it is often argued that sexual minority Latina/o individuals are at heightened risk of exposure to heterosexist stigma and its internalization because of Latina/o cultures’ purportedly greater religiosity, focus on traditional gender roles, or prejudice toward same-sex attractions, behaviors, and identities (e.g., Domanico & Crawford, 2000; Pachankis & Goldfried, 2004; Savin-Williams, 1999). However, these views contrast with quantitative comparisons of heterosexist prejudice between heterosexual Latina/o and European American individuals, which largely suggest no group differences (e.g., Bonilla & Porter, 1990; Sherrod & Nardi, 1998; Span & Vidal, 2003; Waldner, Sikka, & Baig, 1999). Similarly, a recent national survey found that similar percentages of Latina/o people (59%) and the general U.S. population (58%) believed
homosexuality should be accepted by society (Pew Hispanic Center, 2012). In addition to between-group comparisons, a within-group study of Mexican American heterosexual individuals found that identification with Latina/o, Mexican, or U.S. cultures and customs and positive ethnic identity attitudes each were unrelated to heterosexist attitudes (Herek & Gonzalez-Rivera, 2006).

Although less common, studies comparing sexual minority Latina/o and European American individuals’ reports of heterosexist oppression have yielded mixed findings. For example, one study found higher levels of internalized heterosexism among Latina/o individuals (Barnes & Meyer, 2012). In contrast, another study found that sexual orientation–based or gender expression–based family rejection did not differ between sexual minority Latina/o and European American individuals (Ryan, Huebner, Diaz, & Sanchez, 2009). In yet another study (Meyer, Schwartz, & Frost, 2008), sexual minority Latina/o and African American individuals reported more life stressors than their European American counterparts, but this difference appeared to be accounted for by sexual minority Latina/o and African American individuals’ greater experiences of racist discrimination (rather than heterosexist discrimination).

Such data warrant a shift away from viewing Latina/o communities as particularly heterosexist and toward viewing sexual minority Latina/o individuals’ combined experiences of racist and heterosexist oppressions as deserving of attention on their own merit (e.g., Moradi & DeBlare, 2010). Because of their dual minority identities, sexual minority Latina/o people may experience multiple forms of oppression (Díaz, Bein, & Ayala, 2006; Ramirez-Valles, Fergus, Reisen, Poppen, & Zea, 2005; Ramirez-Valles, Kuhns, Campbell, & Diaz, 2010; Reisen, Brooks, Zea, Poppen, & Bianchi, 2013), including racist discrimination (e.g., being unfairly suspected of wrongdoing), heterosexist discrimination (e.g., being rejected by family or friends), internalized racism (e.g., believing Latina/o people are an unworthy group), and internalized heterosexism (e.g., believing heterosexual people are better than sexual minority people). A few studies have linked racist and heterosexist oppressions with mental health in samples of sexual minority Latina/o people. For example, in samples of HIV-positive sexual minority Latino men, heterosexist discrimination was positively related to depression and loneliness and negatively related to self-esteem (Ramirez-Valles et al., 2005), and heterosexist and racist discriminations were associated uniquely with higher psychological distress and depression and with lower self-esteem (Díaz et al., 2006; Reisen et al., 2013).

Internalized oppressions have been examined less frequently, and the few available studies have focused primarily on substance use and sexual behavior.
rather than on broader indicators of mental health (e.g., Ramirez-Valles et al., 2010). For instance, in a sample of Latina/o sexual minority men and trans-gender women (male-to-female), racist discrimination and internalized heterosexism (but not heterosexist discrimination or internalized racism) yielded unique direct links with sex under the influence of drugs and alcohol, which in turn was associated with risky sexual behaviors (Ramirez-Valles et al., 2010). However, in a sample of sexual minority Mexican American men, internalized heterosexism was not related significantly to recent number of nonmonogamous sexual partners or risky sexual behavior (Estrada, Rigali-Oiler, Arciniega, & Tracey, 2011). In a study with a sexual minority sample with a substantial number of Latina/o individuals (n = 114, 32% of the sample), internalized heterosexism was positively related to depression and negatively related to psychological well-being (Barnes & Meyer, 2012).

Although these studies are informative, women were typically not included. Moreover, theoretically posited additive and interactive relations of heterosexist and racist oppressions were not tested consistently. Finally, although identifying correlates of substance use, risky sexual behaviors, and psychological symptomatology is important, it is also vital to attend to both positive and negative aspects of psychological functioning (e.g., Lopez et al., 2006). Thus, research with sexual minority Latina/o people is needed that tests theoretically grounded hypotheses regarding the unique and interactive relations of external and internalized racist and heterosexist oppressions with psychological distress and well-being.

**Theoretical Grounding and Relevant Research With Other Populations**

Minority stress theory (Meyer, 2003) provides a framework for understanding how external and internalized oppressions function together to shape sexual minority Latina/o people’s mental health. Minority stress theory posits that external oppression (i.e., discrimination experiences) and internalized oppression each promote mental health problems for minority individuals. Minority stress theory also suggests that inasmuch as internalized oppressions predispose individuals to make self-blaming attributions, they may exacerbate the deleterious association of discrimination experiences with mental health (Meyer, 1995). Thus, within this framework, heterosexist discrimination and internalized heterosexism are posited to have unique and interactive links with mental health; similarly, racist discrimination and internalized racism are posited to have unique and interactive links with mental health. Notably, Hatzenbuehler (2009) also proposed causal paths from external oppression to mental health through the mediating role of internalized
oppression. However, support for the external oppression–internalized oppression link is mixed (e.g., Feinstein, Goldfried, & Davila, 2012; Meyer, 1995; Rostosky, Riggle, Horne, & Miller, 2009; Szymanski & Ikizler, 2013; Szymanski & Stewart, 2010; Szymanski & Sung, 2010). We focus on interactive links in the present study given the equivocal support for mediation in prior research and because interaction is also the focus in conceptualizations of the interplay of racism and heterosexism (e.g., Szymanski & Gupta, 2009b; Szymanski & Meyer, 2008; Thoma & Huebner, 2013).

Such a conceptual frame comes from multicultural–feminist scholarship. Multicultural and feminist theories are broad in scope, but a particular aspect of multicultural–feminist scholarship focuses on how multiple oppressions (e.g., racism and heterosexism) combine to shape people’s experiences (e.g., Cole, 2009; Moradi & Subich, 2003). Like minority stress theory, these multicultural–feminist perspectives posit that external and internalized oppression may strain mental health (e.g., Moradi & Subich, 2002b). These perspectives further suggest that multiple oppressions may be linked with mental health in additive and interactive ways (Cole, 2009; Moradi & Subich, 2003). The additive perspective holds that each form of oppression (e.g., internalized racism and internalized heterosexism) contributes uniquely to poor mental health. The multiplicative perspective holds that beyond these unique links, an oppression related to one identity may exacerbate the deleterious mental health associations of an oppression related to another identity (e.g., the Internalized racism × Internalized heterosexism interaction).

Thus, multicultural–feminist perspectives and minority stress theory postulate that external and internalized oppression may be linked with sexual minority Latina/o people’s mental health in both additive and interactive ways. However, minority stress theory focuses on the interactions of external and internalized oppressions related to the same identity (e.g., Heterosexist discrimination × Internalized heterosexism) whereas multicultural–feminist perspectives focus on the interactions of oppressions related to different identities (e.g., Heterosexism discrimination × Racist discrimination). Although these additive and interactive hypotheses have not been examined with sexual minority Latina/o individuals, findings with other populations can inform the present research.

Tests of minority stress theory’s additive hypotheses indicate that heterosexist discrimination and internalized heterosexism are linked uniquely and positively to indicators of psychological distress in predominately European American sexual minority samples (e.g., Meyer, 1995; Szymanski, 2006). Similarly, variables approximating racist discrimination (i.e., discomfort with intergroup prejudice) and internalized racism (i.e., low ethnic pride) were linked uniquely with lower self-esteem for Latina/o individuals (e.g.,
Romero & Roberts, 2003). However, support for external by internalized oppression interactions is mixed. Because of varying sample sizes and power to detect significant interactions across studies, we report the sample sizes of relevant studies. In a sample of predominantly heterosexual African American women \((N = 160)\), racist discrimination interacted with internalized racism such that low levels of internalized racism buffered psychological distress when discrimination was low, but this buffering effect dissipated when discrimination was high (Szymanski & Stewart, 2010). In two samples of predominantly heterosexual European American women \((N = 187 \text{ and } 274)\), indicators of internalized sexism exacerbated the positive link of sexist discrimination with distress (Moradi & Subich, 2002a; Szymanski, Gupta, Carr, & Stewart, 2009). Findings of studies with predominately European American sexual minority samples have also been mixed. Internalized heterosexism exacerbated the link of heterosexist discrimination with some indicators of distress in a sample of men \((N = 741; \text{ Meyer, 1995})\) but did not moderate this link in a sample of women \((N = 143; \text{ Szymanski, 2006})\). In addition, in a sample of mostly European American sexual minority women and men, internalized heterosexism strengthened the link of workplace heterosexist discrimination with psychological distress among women but not among men \((N = 326; \text{ Velez, Moradi, & Brewster, 2013})\). Differences across these studies may be due to varying sample sizes and statistical power or due to contextual differences between sexual minority women and men. Overall, there is some support for external by internalized oppression interactions, but such support is mixed in sexual minority populations.

A number of additional studies using a multicultural–feminist framework have tested additive and interactive links involving multiple forms of oppressions. For instance, in studies with Asian American \((N = 178)\) and African American \((N = 91)\) sexual minority individuals, racist discrimination and internalized heterosexism were both associated uniquely and positively with psychological distress (Szymanski & Gupta, 2009b; Szymanski & Meyer, 2008). However, in these studies, the Racist discrimination \(\times\) Heterosexist discrimination and the Internalized racism \(\times\) Internalized heterosexism interactions were not significant. In another study with a sample of African American and multiracial sexual minority adolescents \((N = 276)\), both racist and heterosexist discrimination were uniquely positively related to depression, but the Racist discrimination \(\times\) Heterosexist discrimination interaction was not significant (Thoma & Huebner, 2013). In a sample of sexual minority African American individuals \((N = 106; \text{ Szymanski & Gupta, 2009a})\), internalized heterosexism and internalized racism each was associated uniquely with lower self-esteem, internalized heterosexism was associated uniquely with greater psychological distress, and the Internalized heterosexism \(\times\) Internalized
racism interaction was not significant in relation to distress or self-esteem. Similarly, in a sample of predominantly European American sexual minority women \((N = 304)\), the Internalized sexism × Internalized heterosexism interaction was not significant in relation to psychological distress (Szymanski & Kashubeck-West, 2008). Moreover, in samples of predominantly heterosexual African American women \((N_s = 133 \text{ and } 160)\), the interactions of Racist discrimination × Sexist discrimination and Internalized racism × Internalized sexism were not significant in relation to psychological distress (Moradi & Subich, 2003; Szymanski & Stewart, 2010). Yet for predominantly European American sexual minority women \((N = 143)\), a significant interaction emerged, indicating that heterosexist victimization strengthened the positive link of sexist discrimination with psychological distress (Szymanski, 2005).

Thus, across studies with varying sample sizes and statistical power, support is garnered for a “complex additive” (Szymanski & Gupta, 2009b, p. 276) model in which one form of external oppression (e.g., racist discrimination) and another form of internalized oppression (e.g., internalized heterosexism) are associated uniquely with distress. However, support for multicultural–feminist interactions is scant.

Taken together, this research suggests that heterosexist discrimination, racist discrimination, internalized heterosexism, and internalized racism may each yield unique additive relations with greater distress and lower well-being among sexual minority Latina/o people. Yet, support for minority stress interactions of Heterosexist discrimination × Internalized heterosexism and Racist discrimination × Internalized racism, as well as support for multicultural–feminist interactions of Heterosexist discrimination × Racist discrimination and Internalized heterosexism × Internalized racism, is mixed.

An important consideration is that integration of the tenets of minority stress and multicultural–feminist frameworks suggests synthesized interactions whereby low internalized oppression related to one identity may protect mental health when individuals are faced with high external oppression related to another identity (e.g., Racist discrimination × Internalized heterosexism interaction). Such synthesized interactions are consistent with conceptualizations that social identity complexity, or being identified with multiple social groups, can buffer against discrimination. Specifically, when faced with discrimination against one identity, individuals may protect their psychological well-being and self-esteem in particular by reorienting themselves to another positively valued identity—that is, one associated with low internalized oppression (e.g., Binning, Unzueta, Huo, & Molina, 2009; Jackson, Yoo, Harrington, & Guevarra, 2012; Roccas & Brewer, 2002; Shih, Young, & Bucher, 2013). This perspective is also consistent with qualitative research suggesting that when faced with discrimination based on one
identity, sexual minority Latina/o and African American people may cope by “frame-switching” to another aspect of identity that is less stigmatized in that context (e.g., Adams, Cahill, & Ackerlind, 2005; Bowleg, Huang, Brooks, Black, & Burkholler, 2003; Meyer & Ouellette, 2009; Wilson & Miller, 2002). Thus, low internalized racism may be protective in the face of heterosexist discrimination and low internalized heterosexism may be protective in the face of racist discrimination. Although these synthesized interactions are conceivable for people with multiple stigmatized identities, such interactions have yet to be tested with sexual minority Latina/o individuals.

Present Study

The present study tests the predictions of minority stress and multicultural–feminist frameworks regarding the links of external and internalized racist and heterosexist oppressions with the mental health of sexual minority Latina/o individuals. Given the tendency to focus on negative mental health outcomes in research with sexual minority Latina/o samples, we examine both psychological distress and well-being (i.e., life satisfaction and self-esteem) aspects of mental health. The following sets of theoretical propositions are tested:

1. The additive multicultural–feminist perspective posits that racist discrimination, heterosexist discrimination, internalized racism, and internalized heterosexism each will be related uniquely to greater psychological distress and to lower life satisfaction and self-esteem.

2. Minority stress theory suggests that beyond the aforementioned main effects, racist discrimination interacts with internalized racism and that heterosexist discrimination interacts with internalized heterosexism; in each case, internalized oppression exacerbates the link between external oppression and poor mental health.

3. Multicultural–feminist perspectives suggest that beyond the aforementioned main effects, racist discrimination interacts with heterosexist discrimination and that internalized racism interacts with internalized heterosexism; in each case, one form of oppression (e.g., racism) exacerbates the link of the other oppression (e.g., heterosexism) with poor mental health.

4. Integrating minority stress and multicultural–feminist perspectives suggests that heterosexist discrimination interacts with internalized racism and that racist discrimination interacts with internalized heterosexism; in these synthesized interactions, internalized oppression
of one form exacerbates the link of external oppression of another form with poor mental health.

**Method**

**Participants**

Data were analyzed from 173 individuals who confirmed that they were 18 years old or older, resided in the U.S., identified as Hispanic/Latina/o, and identified as lesbian, gay, bisexual, or some other sexual minority status (e.g., queer, questioning). Participants ranged in age from 18 to 70 ($M = 31.10$, $SD = 11.32$, $Mdn = 28.50$). Some of the subsequent descriptive percentages may not total 100% due to small proportions of missing demographic data. In terms of gender, approximately 47% of the participants identified as men, 43% as women, less than 1% each as transgender men and women, and 6% identified as “Other” (e.g., genderqueer, fluid). With regard to sexual orientation (assessed along the following categories), approximately 50% of the participants identified as exclusively lesbian or gay, 20% as mostly lesbian or gay, 20% as bisexual, 1% as mostly heterosexual, and 5% as “Other” self-described identifications (e.g., queer, questioning); no participants identified as asexual. Approximately 77% of the participants reported that they were born in the U.S., 19% were born outside the U.S., and 4% did not indicate their country of birth. On average, participants born outside the U.S. had resided in the U.S. for 18.43 years ($SD = 12.55$, $Mdn = 15$). Participants’ most frequent responses for their family’s nation of origin were Mexico (35%), Puerto Rico (17%), Cuba (10%), Colombia (5%), the Dominican Republic (4%), Ecuador (2%), and Venezuela (2%); 9% indicated multiple nations of origin. Participants rated their ability to speak and read English on a scale ranging from 1 (very poor) to 5 (very good); average English speaking ($M = 4.89$, $SD = 0.37$) and reading ($M = 4.92$, $SD = 0.37$) abilities were high in the sample.

In terms of the highest level of formal education, less than 1% of the participants had some high school education, 8% graduated from high school, 1% attended trade/vocational school, 27% had some college education, 31% had a college degree, and 27% had a professional degree (e.g., MS, PhD, MD); no participant reported less than some high school education. Approximately 8% of the participants identified as lower class, 32% as working class, 43% as middle class, and 13% as upper-middle class; no participants identified as upper class. Using the U.S. Census regions (U.S. Census Bureau, 2007), most participants reported living in the West (30%), followed by the South (28%), the Northeast (23%), and the Midwest (14%).
**Measures**

**Racist discrimination.** The 18-item Recent subscale of the General Ethnic Discrimination Scale (GEDS-Recent; Landrine, Klonoff, Corral, Fernandez, & Roesch, 2006) was used to assess frequency of perceived racist discrimination within the past year. Items such as “How often have you been treated unfairly by strangers because of your race/ethnic group?” were rated on a 6-point scale from 1 (the event has never happened) to 6 (the event happened almost all [i.e., more than 70% of the time] of the time); ratings were averaged, with higher scores indicating greater perceived discrimination. With regard to validity, GEDS-Recent scores were higher among racial/ethnic minority individuals than among European American individuals in the scale development sample (Landrine et al., 2006). In a sample that included 406 Latina/o people (26% of the total sample), GEDS-Recent items yielded a Cronbach’s alpha of .94 (Landrine et al., 2006). Cronbach’s alpha for the current sample was .93.

**Heterosexist discrimination.** The 14-item Heterosexist Harassment, Rejection, and Discrimination Scale (HHRDS; Szymanski, 2006) was used to assess perceived heterosexist discrimination in the past year. Items such as “How many times have you been verbally insulted because you are a gay/lesbian/bisexual person?” were rated on a 6-point rating scale from 1 (the event has never happened to you) to 6 (the event happened almost all [i.e., more than 70% of the time] of the time); ratings were averaged, with higher scores indicating greater perceived discrimination. In terms of validity, HHRDS scores have yielded a positive correlation with psychological distress across samples (e.g., Szymanski, 2006; Szymanski & Gupta, 2009b). In a sample of sexual minority Asian American individuals, HHRDS items had a Cronbach’s alpha of .95 (Szymanski & Gupta, 2009b). Cronbach’s alpha for the current sample was .90.

**Internalized racism.** The four-item Private subscale of the Collective Self-Esteem Scale (CSES; Luhtanen & Crocker, 1992) was used to assess evaluations and affective judgments of one’s racial/ethnic group. In the development study for the CSES, Luhtanen and Crocker (1992) provided evidence that altering the scale to refer to specific groups did not substantially affect its psychometric properties. Thus, for example, the item “I often regret that I belong to some of the social groups I do” was changed to “I often regret that I belong to my racial/ethnic group” in the present study. Items were rated on a 7-point scale from 1 (strongly disagree) to 7 (strongly agree), and responses were averaged. In this study, items were coded so that higher scores indicated
more negative feelings toward one’s racial/ethnic group. In a sample of Latino/a college students (sexual orientation unspecified), scores on this race-specific version of the Private subscale (scored to assess positive feelings toward one’s racial/ethnic group) were positively correlated with racial centrality, group attachment, and personal self-esteem (Spencer-Rodgers & Collins, 2006). In the same sample, Private items yielded a Cronbach’s alpha of .69 (Spencer-Rodgers & Collins, 2006). Cronbach’s alpha for the current sample was .81.

**Internalized heterosexism.** The five-item Revised Internalized Homophobia Scale (IHP-R; Herek, Gillis, & Cogan, 2009) was used to assess internalized heterosexism. Items such as “If someone offered me the chance to be completely heterosexual, I would accept the chance” were rated on a 5-point scale from 1 (disagree strongly) to 5 (agree strongly); item ratings were averaged, with higher scores indicating more internalized heterosexism. In terms of validity, IHP-R scores were associated with lower positive affect toward the lesbian, gay, and bisexual community, and lower outness in a sample of predominantly European American sexual minority individuals (Herek et al., 2009). In the same sample, IHP-R items yielded a Cronbach’s alpha of .82 (Herek et al., 2009). Cronbach’s alpha for the current sample was .80.

**Psychological distress.** The 21-item Hopkins Symptom Checklist–21 (HSCL-21; Green, Walkey, McCormick, & Taylor, 1988) was used to assess psychological distress. Participants used a 4-point scale from 1 (not at all) to 4 (extremely) to indicate the extent to which symptoms of distress bothered them in the past week (e.g., “Feeling blue” and “Your mind going blank”); ratings were averaged to derive an overall score, with higher scores indicating greater distress. The HSCL-21 demonstrated similar factor structures across samples of European American, African American, and Latina/o college students (Cepeda-Benito & Gleaves, 2000). In a sample of sexual minority Asian American individuals, HSCL-21 items yielded a Cronbach’s alpha of .93 (Szymanski & Sung, 2010). Cronbach’s alpha for the current sample was .93.

**Life satisfaction.** The five-item Satisfaction With Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) was used to assess life satisfaction. Items such as “In most ways my life is close to my ideal” were rated on a 7-point scale from 1 (strongly disagree) to 7 (strongly agree); ratings were averaged to derive an overall score, with higher scores indicating greater life satisfaction. SWLS scores have been found to correlate negatively with scores on measures of negative affect, depression, and anxiety (Pavot & Diener, 1993).
In a sample of predominantly European American sexual minority employees, SWLS items yielded Cronbach’s alpha of .88 (Huffman, Watrous-Rodriguez, & King, 2008). Cronbach’s alpha for the current sample was .91.

**Self-esteem.** The 10-item Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) was used to assess self-esteem. Items such as “On the whole, I am satisfied with myself” were rated on a 4-point scale ranging from 1 (strongly disagree) to 4 (strongly agree); responses were averaged to derive scale scores, with higher scores indicating higher self-esteem. Validity was supported through negative correlations with depression, anxiety, and psychosomatic distress (Wylie, 1989). In a sample of sexual minority Latina/o individuals, RSES items yielded a Cronbach’s alpha of .78 (Zea, Reisen, & Poppen, 1999). Cronbach’s alpha for the current sample was .87.

**Procedure**

Participants were recruited via messages to listervs, websites, and message boards that cater to sexual minority Latina/o people. Messages were also sent to communities that cater more broadly to Latina/o and other racial/ethnic minority people, sexual minority people generally, and sexual minority people of color. Online venues are considered useful for recruiting sexual minority individuals who may not feel comfortable disclosing their sexual minority status in person but who may view the Internet as a safe social space (e.g., Riggle, Rostosky, & Reedy, 2005). Moreover, web-based surveys have yielded responses similar to pen-and-paper surveys (e.g., Gosling, Vazire, Srivastava, & John, 2004).

After reading the study description, providing informed consent, and confirming that they met the study’s inclusion criteria, participants were prompted to complete the survey; they did not receive compensation for their participation. A total of 353 participants clicked to at least the informed consent page. Of these individuals, 169 cases (48%) were removed because they were missing more than 20% of the survey’s items, which falls outside the tolerance range recommended by prior researchers (e.g., Dodeen, 2003). Of these 169 removed cases, 23% clicked only on the Informed Consent and did not respond to any items, and an additional 66% responded to less than half of the survey items. These response patterns are consistent with other samples of sexual minority people recruited online (e.g., Szymanski & Gupta, 2009a, 2009b; Brewster, Moradi, DeBlaere, & Velez, 2014). Because a substantial portion of these removed cases did not respond to any survey items and none provided demographic information, comparisons between the final sample and these removed cases were not possible. To screen for random responding,
four validity items that asked participants to select specific responses (e.g., “Please select ‘Most of the time’”) were interspersed throughout the survey. Six participants were removed because they responded incorrectly to more than two of the validity check items, suggesting inattentive responding. Last, three participants were removed because they did not identify as Hispanic/Latina/o, and two participants were removed because they identified as exclusively heterosexual.

Analysis of missing data patterns for the remaining 173 participants indicated that less than 1% of all items for all participants were missing. Among the participants, 66% had no missing data and 31% were missing between 1 and 10 items. Moreover, 41% of the items had no missing data for any participant and no item was missed by more than 5% of the participants. A variety of approaches are recommended for handling item-level missing data within multi-item measures (e.g., Dodeen, 2003; Parent, 2013). Consistent with these approaches, item-level missing data imputation from Expectation Maximization parameters was performed using NORM Version 2.02 (Schafer, 1997) before computation of the scale or subscale scores used in the analyses.

Results

Descriptive statistics and bivariate correlations are reported in Table 1. Data met guidelines for univariate normality (skewness ≤ 3, kurtosis ≤ 10; Weston & Gore, 2006). Standardized residuals were less than 3 and Cook’s distances were less than 1, suggesting that there were no outliers unduly influencing the regression analyses (Field, 2009). Bivariate correlations (see Table 1), interpreted using effect size benchmarks for small ($r = .10$), medium ($r = .30$), and large ($r = .50$) correlations (Cohen, 1992), indicated that racist discrimination, heterosexist discrimination, and internalized heterosexism each yielded significant medium positive correlations with psychological distress; internalized racism was not correlated significantly with distress. Furthermore, heterosexist discrimination, internalized racism, and internalized heterosexism yielded significant small to medium negative correlations with life satisfaction and self-esteem; racist discrimination was not correlated significantly with the well-being variables.

To test the additive hypotheses, three regressions were conducted, one with each mental health criterion regressed on the four predictors (i.e., racist discrimination, heterosexist discrimination, internalized racism, and internalized heterosexism; see Table 2). Before interpreting these results, multicollinearity between the predictors was evaluated. Absolute correlations below .90, condition indices below 30, and variance inflation factors (VIF) below
suggest that multicollinearity is not problematic (Myers, 1990; Tabachnick & Fidell, 2007). For these analyses, the highest interpredictor correlation was .54, the highest condition index was 1.92, and the highest VIF was 1.47; thus, multicollinearity was not deemed problematic.

With regard to psychological distress, the set of predictors was significant and accounted for 21% of the variance. Among the predictor variables, racist discrimination, heterosexist discrimination, and internalized heterosexism—but not internalized racism—each yielded significant positive unique relations with psychological distress (see Table 2). As denoted by the squared semipartial correlation coefficients ($r^2$), the proportion of unique variance in distress accounted for by the individual predictor variables ranged from 0% (internalized racism) to 4% (internalized heterosexism). In the regressions for the well-being variables, the set of predictors was significant and accounted for 17% of the variance in both criterion variables. Both forms of internalized oppression (i.e., internalized racism and heterosexism) yielded significant negative unique links with life satisfaction and self-esteem; the two external oppressions were not associated uniquely with the well-being indicators (see Table 2). For life satisfaction, the proportion of unique variance accounted for by the predictors ranged from 0% (heterosexist discrimination) to 7% (internalized racism). For self-esteem, the proportion of unique variance accounted for by the predictors ranged from 0% (racist discrimination) to 6% (internalized heterosexism). Overall, these analyses produced partial support for the additive hypotheses, indicating that racist discrimination, heterosexist
discrimination, and internalized heterosexism each accounted for unique variance in psychological distress whereas internalized racism and internalized heterosexism each accounted for unique variance in life satisfaction and self-esteem.

To test the minority stress, multicultural–feminist, and synthesized interaction hypotheses, three hierarchical multiple regressions were performed (one for each mental health indicator). For these analyses, predictor variables were centered and used to compute interaction terms (Aiken & West, 1991). The predictors were entered in Step 1 of each regression, and the six interaction terms were entered as a set in Step 2. Significant changes in $R^2$ and significant regression coefficients for the interaction terms indicate significant

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>$\beta$</th>
<th>95% CI</th>
<th>T</th>
<th>$sr^2$</th>
<th>$R^2$</th>
<th>$F$ (df)</th>
</tr>
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<tbody>
<tr>
<td><strong>Criterion: Psychological distress</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Racist discrimination</td>
<td>.14</td>
<td>.21</td>
<td>[0.03, 0.25]</td>
<td>2.53*</td>
<td>.03</td>
<td>.21</td>
<td>10.94*** (4, 168)</td>
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<tr>
<td>Heterosexist discrimination</td>
<td>.13</td>
<td>.20</td>
<td>[0.02, 0.23]</td>
<td>2.36*</td>
<td>.03</td>
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<tr>
<td>Internalized racism</td>
<td>.03</td>
<td>.06</td>
<td>[−0.04, 0.10]</td>
<td>0.81</td>
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<tr>
<td>Internalized heterosexism</td>
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<td>.22</td>
<td>[0.05, 0.23]</td>
<td>3.06**</td>
<td>.04</td>
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</tr>
<tr>
<td><strong>Criterion: Life satisfaction</strong></td>
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</tr>
<tr>
<td>Racist discrimination</td>
<td>−.18</td>
<td>−.09</td>
<td>[−0.49, 0.14]</td>
<td>−1.11</td>
<td>.01</td>
<td>.17</td>
<td>8.54*** (4, 168)</td>
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<tr>
<td>Heterosexist discrimination</td>
<td>−.06</td>
<td>−.03</td>
<td>[−0.37, 0.25]</td>
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<td>Internalized racism</td>
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<td>−.28</td>
<td>[−0.58, −0.19]</td>
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<tr>
<td>Internalized heterosexism</td>
<td>−.37</td>
<td>−.21</td>
<td>[−0.63, −0.12]</td>
<td>−2.88**</td>
<td>.04</td>
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<td></td>
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<tr>
<td><strong>Criterion: Self-esteem</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Racist discrimination</td>
<td>.00</td>
<td>.00</td>
<td>[−0.11, 0.11]</td>
<td>0.00</td>
<td>.00</td>
<td>.17</td>
<td>8.51*** (4, 168)</td>
</tr>
<tr>
<td>Heterosexist discrimination</td>
<td>−.06</td>
<td>−.10</td>
<td>[−0.17, 0.05]</td>
<td>−1.14</td>
<td>.01</td>
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<tr>
<td>Internalized racism</td>
<td>−.11</td>
<td>−.23</td>
<td>[−0.19, −0.04]</td>
<td>−3.15**</td>
<td>.05</td>
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<tr>
<td>Internalized heterosexism</td>
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<td>−.26</td>
<td>[−0.26, −0.07]</td>
<td>−3.56***</td>
<td>.06</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. CI = Confidence Interval.
*p < .05. **p < .01. ***p < .001.
interaction effects. The present sample size surpassed criteria for detecting medium and large interaction effects, but not for small effects (Aiken & West, 1991). Given the statistical challenges of detecting significant interactions in nonexperimental studies (McClelland & Judd, 1993), we attended to effect sizes as well as to statistical significance when interpreting interaction effects. Cohen’s (1992) benchmarks were used to describe small ($R^2 = .02$), medium ($R^2 = .13$), and large effects ($R^2 = .26$).

Results of the hierarchical regressions with psychological distress, life satisfaction, and self-esteem as the criterion variables are displayed in Table 3. Before interpreting the results, multicollinearity was examined again (this time also including the interaction terms). For these analyses, the highest interpredictor correlation was .54, the highest condition index was 3.09, and the highest VIF was 1.95; thus, multicollinearity was not deemed problematic.

In the regression for psychological distress as the criterion, the set of predictor and interaction terms accounted for 22% of the variance, which is a medium effect (Cohen, 1992). The incremental variance accounted for by the set of interaction terms in Step 2 of the regression equation was not significant, $\Delta R^2 = .01$, and none of the specific interaction terms yielded a significant unique link with distress. In the regression for life satisfaction as the criterion, the set of predictor and interaction terms accounted for 20% of the variance, which is a medium effect. The incremental variance accounted for by the set of interaction terms in Step 2 was nonsignificant, $\Delta R^2 = .04$, but on the larger end of typical interaction effects in nonexperimental research (McClelland & Judd, 1993). Finally, in the regression for self-esteem as the criterion, the set of predictor and interaction terms accounted for 29% of the variance, which is a large effect. The set of interaction terms in Step 2 accounted for significant and near-medium incremental proportion of variance, $\Delta R^2 = .12$ (McClelland & Judd, 1993). Of the specific interaction terms, the Racist discrimination × Internalized racism interaction, the Racist discrimination × Internalized heterosexism interaction, and the Heterosexist discrimination × Internalized racism interaction were significant.

The PROCESS SPSS macro was used to decompose the three significant interaction effects (Hayes, 2012). In each of these three analyses, the four predictors and the three significant interaction effects were included (Hayes, 2005), with simple slopes calculated for the specific interaction effect of focus. This procedure yields the association of the predictor with self-esteem at high (one standard deviation above the mean) and low (i.e., one standard deviation below the mean) levels of the moderator variable of focus (see Figure 1, Panels a, b, and c). For the significant Racist discrimination × Internalized racism interaction, results indicated that for individuals with low
Table 3. Multiplicative Relations of Predictors With Mental Health Indicators.

<table>
<thead>
<tr>
<th>Step</th>
<th>Variable</th>
<th>$B$</th>
<th>$\beta$</th>
<th>95% CI</th>
<th>$t$</th>
<th>$R^2$</th>
<th>$\Delta R^2$</th>
<th>$F$ (df)</th>
</tr>
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<td>1</td>
<td>Racist discrimination</td>
<td>.14</td>
<td>.21</td>
<td>[0.03, 0.26]</td>
<td>2.44*</td>
<td>.21</td>
<td>.21</td>
<td>10.94***</td>
</tr>
<tr>
<td></td>
<td>Heterosexist discrimination</td>
<td>.15</td>
<td>.23</td>
<td>[0.03, 0.26]</td>
<td>2.53*</td>
<td>(4, 168)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Internalized racism</td>
<td>.03</td>
<td>.07</td>
<td>[-0.04, 0.11]</td>
<td>0.87</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Internalized heterosexism</td>
<td>.14</td>
<td>.22</td>
<td>[0.05, 0.24]</td>
<td>2.96**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Racist discrimination ×</td>
<td>-.01</td>
<td>-.01</td>
<td>[-0.13, 0.11]</td>
<td>-0.13</td>
<td>.22</td>
<td>.01</td>
<td>0.42</td>
</tr>
<tr>
<td></td>
<td>Internalized racism</td>
<td>.02</td>
<td>.02</td>
<td>[-0.12, 0.16]</td>
<td>0.25</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Heterosexist discrimination ×</td>
<td>-.04</td>
<td>-.06</td>
<td>[-0.14, 0.07]</td>
<td>-0.65</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Internalized heterosexism</td>
<td>-.06</td>
<td>-.10</td>
<td>[-0.15, 0.03]</td>
<td>-1.32</td>
<td></td>
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<tr>
<td></td>
<td>Racist discrimination ×</td>
<td>.01</td>
<td>.01</td>
<td>[-0.14, 0.16]</td>
<td>0.12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Heterosexist discrimination ×</td>
<td>-.01</td>
<td>-.02</td>
<td>[-0.10, 0.08]</td>
<td>-0.17</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Criterion: Psychological distress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Racist discrimination</td>
<td>-.15</td>
<td>-.08</td>
<td>[-0.48, 0.18]</td>
<td>-0.92</td>
<td>.17</td>
<td>.17</td>
<td>8.54***</td>
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<tr>
<td></td>
<td>Heterosexist discrimination</td>
<td>-.13</td>
<td>-.07</td>
<td>[-0.45, 0.19]</td>
<td>-0.79</td>
<td>(4, 168)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Internalized racism</td>
<td>-.38</td>
<td>-.28</td>
<td>[-0.59, -0.18]</td>
<td>-3.69***</td>
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<tr>
<td></td>
<td>Internalized heterosexism</td>
<td>-.31</td>
<td>-.17</td>
<td>[-0.58, -0.04]</td>
<td>-2.30*</td>
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<td></td>
</tr>
<tr>
<td>2</td>
<td>Racist discrimination ×</td>
<td>.33</td>
<td>.16</td>
<td>[-0.01, 0.66]</td>
<td>1.93</td>
<td>.20</td>
<td>.04</td>
<td>1.20</td>
</tr>
<tr>
<td></td>
<td>Internalized racism</td>
<td>-.14</td>
<td>-.07</td>
<td>[-0.54, 0.26]</td>
<td>-0.69</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Heterosexist discrimination ×</td>
<td>.15</td>
<td>.08</td>
<td>[-0.16, 0.45]</td>
<td>0.93</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Internalized racism</td>
<td>.06</td>
<td>.04</td>
<td>[-0.19, 0.31]</td>
<td>0.47</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Internalized heterosexism</td>
<td>-.28</td>
<td>-.12</td>
<td>[-0.70, 0.13]</td>
<td>-1.34</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Racist discrimination ×</td>
<td>-.08</td>
<td>-.06</td>
<td>[-0.34, 0.17]</td>
<td>-0.65</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criterion: Self-esteem</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Racist discrimination</td>
<td>.01</td>
<td>.02</td>
<td>[-0.10, 0.13]</td>
<td>0.24</td>
<td>.17</td>
<td>.17</td>
<td>8.51***</td>
</tr>
<tr>
<td></td>
<td>Heterosexist discrimination</td>
<td>-.10</td>
<td>-.15</td>
<td>[-0.21, 0.01]</td>
<td>-1.74</td>
<td>(4, 168)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Internalized racism</td>
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<td>-.20</td>
<td>[-0.17, -0.03]</td>
<td>-2.85**</td>
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<td>Internalized heterosexism</td>
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<td>-.20</td>
<td>[-0.22, -0.04]</td>
<td>-2.81**</td>
<td></td>
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</tr>
</tbody>
</table>

(continued)
internalized racism, racist discrimination was associated negatively with self-esteem, $\beta = -0.24$, $t(165) = -2.16$, $p = .032$; but for those with high internalized racism, this association was positive $\beta = 0.35$, $t(165) = 2.75$, $p = .007$ (Panel a). A converse pattern emerged for the two significant synthesized interactions. The Racist discrimination $\times$ Internalized heterosexism interaction indicated that for individuals with low internalized heterosexism, racist discrimination was associated positively with self-esteem, $\beta = 0.32$, $t(165) = 2.81$, $p = .006$; but for those with high internalized heterosexism, this association was negative, $\beta = -0.21$, $t(165) = -2.02$, $p = .045$ (Panel b). In addition, the Heterosexist discrimination $\times$ Internalized racism interaction indicated that for individuals with low internalized racism, the association between Heterosexist discrimination and self-esteem was nonsignificant, $\beta = 0.05$, $t(165) = 0.49$, $p = .623$; but for those with high internalized racism, this association was negative $\beta = -0.27$, $t(165) = -2.69$, $p = .008$ (Panel c).

**Discussion**

This study tested minority stress and multicultural–feminist frameworks’ propositions regarding the additive and interactive links of multiple oppressions with the mental health of sexual minority Latina/o individuals. Specifically, this study tested whether external oppressions (racist discrimination and heterosexist discrimination) and internalized oppressions (internalized racism and internalized heterosexism) yielded unique and interactive relations with psychological distress, life satisfaction, and self-esteem. By examining both
distress and well-being aspects of mental health, this study also contributed to counterbalancing the prior focus on sexual minority Latina/o individuals’ substance use and risky sexual behaviors. Within the study and sample generalizability limitations, the results yield a number of informative patterns.

Tests of additive hypotheses revealed that racist discrimination, heterosexist discrimination, and internalized heterosexism (but not internalized racism) yielded unique positive relations with distress. Moreover, both of the internalized oppression indicators (but neither of the external oppression indicators) yielded unique negative relations with life satisfaction and self-esteem. Thus, additive hypotheses were supported to some extent, with a combination of external and internalized oppressions related uniquely to

Figure 1. Racist discrimination × Internalized racism interaction (Panel a), Racist discrimination × Internalized heterosexism interaction (Panel b), and Heterosexist discrimination × Internalized racism interaction (Panel c) for self-esteem. Note. Racist discrimination, heterosexist discrimination, and self-esteem scores are standardized, with 0 = mean and +1 = one standard deviation below or above the mean.
greater psychological distress, and only the internalized oppressions related uniquely to lower psychological well-being for sexual minority Latina/o people. In the context of prior evidence that external oppressions (i.e., perceived discrimination experiences) are linked consistently with psychological distress but not with psychological well-being (e.g., Cassidy, O'Connor, Howe, & Warden, 2004; Moradi & Risco, 2006), the present findings suggest that well-being may be particularly vulnerable to internalized oppression. Specifically, internalized heterosexist and racist oppressions may be salient in relation to self-esteem and life satisfaction because of the shared self-evaluative focus of these constructs. That is, internalized heterosexism and internalized racism reflect evaluations of the self specifically as a sexual minority or racial/ethnic minority person and self-esteem and life satisfaction reflect global evaluations of the self as a good and happy person. Thus, in therapy and prevention efforts, in addition to attending to sexual minority Latina/o clients’ experiences of external racist or heterosexist discrimination and their relations to psychological distress, it is important to attend to the internalization of racism or heterosexism and their relations to psychological well-being.

In this regard, it is also important to highlight the generally small correlations between the indicators of external oppression and the indicators of internalized oppression in this study. These findings are inconsistent with propositions that external oppressions lead to internalized oppressions (Hatzenbuehler, 2009). Notably, support for such a link is mixed in prior research. In some studies (as in the present study), the external–internalized oppression relation was nonsignificant (e.g., Brewster et al., 2013; Meyer, 1995; Szymanski & Meyer, 2008; Szymanski & Sung, 2010), but in other studies, this relation was significant and small to medium in magnitude (e.g., Feinstein et al., 2012; Ramirez-Valles et al., 2010; Szymanski & Ikizler, 2013; Velez et al., 2013). In yet more studies, the external–internalized oppression link was nonsignificant for one dimension of identity (e.g., sexual orientation) but significant and small in magnitude for another identity (e.g., race; Szymanski & Gupta, 2009b; Szymanski & Stewart, 2010). These studies analyzed cross-sectional data and tested interpersonal forms of external oppression. However, the prospective link of an institutional form of external oppression (e.g., passage of laws making same-gender marriage illegal) with subsequent levels of internalized oppression was nonsignificant in samples of sexual minority people (Rostosky et al., 2009). Taken together, these findings suggest that external oppression is not necessarily translated into internalized oppression; or, alternatively, that internalized oppressions do not necessarily promote perception and reporting of external oppression. Notably, much of this research is cross-sectional; more longitudinal studies are warranted to
determine whether the translation of external oppression into internalized oppression involves a time lag. Despite not being related to each other consistently, the distinct relations of external and internalized oppressions with psychological distress and well-being evinced in this study underscore the importance of assessing both forms of oppression in research. Similarly, in clinical practice with sexual minority Latina/o individuals, the present findings suggest attending to the potentially distinctive roles of external and internalized oppressions in client distress and well-being when developing case conceptualizations and treatment plans.

Turning to the hypothesized interactions grounded in minority stress and multicultural–feminist theories, the results extend prior findings. In the present study, the interactions of two external oppressions (i.e., Racist discrimination × Heterosexist discrimination) and two internalized oppressions (i.e., Internalized racism × Internalized heterosexism) were not significant. These findings are consistent with those of studies that include sexual minority African American and Asian American individuals (Szymanski & Gupta, 2009a, 2009b; Szymanski & Meyer, 2008) and extend this pattern to sexual minority Latina/o people. In addition, the Heterosexist discrimination × Internalized heterosexism minority stress interaction—which has received mixed support in prior research with predominately European American sexual minority individuals (Meyer, 1995; Szymanski, 2006; Velez et al., 2013)—was nonsignificant in the current sample.

Beyond these extensions and findings of the unique relations of external and internalized oppressions with the psychological distress and well-being of sexual minority Latina/o individuals, the present study reveals previously overlooked synthesized interactions in relation to self-esteem. The emergence of interactions with self-esteem as the criterion again underscores the interplay of sexual and racial/ethnic identity-specific self-esteem with global self-esteem. That is, negative views of the self particularly as a sexual minority or Latina/o person (i.e., internalized oppressions) may shape global self-esteem in the face of external oppression.

With regard to the Racist discrimination × Internalized heterosexism interaction, simple slope analyses indicated that sexual minority Latina/o individuals with low and high internalized heterosexism had similar levels of self-esteem when racist discrimination was low. However, when racist discrimination was high, those with low internalized heterosexism had higher self-esteem than those with high internalized heterosexism. Similarly, with regard to the Heterosexist discrimination × Internalized racism interaction, individuals with low and high levels of internalized racism had similar levels of self-esteem when heterosexist discrimination was low. Yet, when heterosexist discrimination was high, self-esteem was higher for those with low
rather than high internalized racism. Consistent with theoretical expectation, in both cases, high internalized oppression related to one identity (e.g., internalized racism) exacerbated poor self-esteem in the face of high external oppression related to another identity (e.g., heterosexist discrimination). In addition, the Racist discrimination × Internalized heterosexism interaction suggested a self-esteem boost for individuals with low internalized heterosexism when racist discrimination was high.

These novel patterns have not been examined previously, but are consistent with literature on discrimination attributions and social identity complexity, as well as with qualitative findings. Specifically, when faced with discrimination, making external attributions—as those with low internalized oppression may be likely to do—may protect self-esteem (e.g., Crocker & Major, 1989; Major, Kaiser, O’Brien, & McCoy, 2007). Moreover, when faced with discrimination against one identity, self-esteem may be protected by frame-switching or reorienting to another positively valued identity (e.g., Binning et al., 2009; Jackson et al., 2012; Roccas & Brewer, 2002; Shih et al., 2013). In this way, low internalized oppression related to another identity itself may buffer the link of external oppression based on another identity with mental health. In addition, resources enacted to preserve low internalized oppression related to one identity may help boost self-esteem in the context of high external oppression related to another identity. Qualitative studies with sexual minority Latina/o and African American individuals suggest that such cross-oppression transfer of strategies may include confronting prejudice, creating safe spaces or support networks, actively cultivating self-acceptance, and accessing spiritual or religious support (e.g., Adams et al., 2005; Bowleg et al., 2003; Meyer & Ouellette, 2009; Wilson & Miller, 2002).

Nonetheless, these interpretations of the synthesized interactions should be tempered with the findings regarding the interaction of Racist discrimination × Internalized racism. Simple slope analysis indicated that in the context of low racist discrimination, sexual minority Latina/o people with high internalized racism had poorer self-esteem than those with low internalized racism. This is consistent with the theoretical expectation that high internalized oppression would be associated with poor self-esteem (e.g., Meyer, 1995, 2003). However, when racist discrimination was high, self-esteem was comparable for those with low and high internalized racism. Perhaps individuals who have a positive racial/ethnic identity (i.e., low internalized racism) find high levels of racism directly taxing to their sense of control or mastery to resist racism; loss of personal control or mastery was a key factor linking perceived racist discrimination with low self-esteem in a sample of Latina/o people (Moradi & Risco, 2006). By contrast, perhaps individuals who devalue their racial/ethnic identity can separate their self-concept from the threat of
racism. Indeed, Latina/o people with a less positive sense of racial/ethnic group affiliation felt less personal threat when exposed to racism against their group than did those with a more positive identity (McCoy & Major, 2003).

The present data do not test these possibilities directly and the potential self-esteem benefits of compartmentalization (for high internalized racism) and costs of loss of sense of mastery (for low internalized racism) warrant further empirical investigation. Importantly, these specific self-esteem costs and benefits in the context of high racist discrimination should not be taken to minimize the overall deleterious mental health and social justice implications of internalized racism, for example, given the negative links of internalized racism with psychological well-being in the present study.

In sum, the present findings suggest that in synthesized interactions involving external oppression related to one identity and internalized oppression related to another identity, sexual minority Latina/o individuals with low internalized oppression may be protected against the negative mental health outcomes associated with high external oppression; this may reflect the benefits of externalizing attributions or frame-switching. In contrast, in the interaction of external racist discrimination and internalized racism, sexual minority Latina/o individuals with low internalized racism may experience a self-esteem cost when external racism is high, perhaps because high levels of racism are a personal threat and tax their sense of mastery in resisting that same form of oppression. Future research could test these possible roles of externalizing attributions, sense of mastery, frame-switching, and transfer of coping strategies learned from experiencing oppression due to another identity. In clinical practice, the present findings suggest that therapists consider clients’ full repertoire of oppression resisting strategies, including the transfer of coping strategies across identities suggested by qualitative studies with sexual minority Latina/o and African American individuals (e.g., Adams et al., 2005; Bowleg et al., 2003).

Limitations and Future Directions

The present findings should be considered in light of certain limitations and sample characteristics. Online recruitment has been a boon to sexual minority research because it reaches large, geographically diverse samples of sexual minority people who may not be comfortable coming out in person (e.g., Riggle et al., 2005). Nonetheless, online recruitment also limits participation to individuals who have computer and Internet access. Similar to prior samples of sexual minority Latina/o people recruited in person (e.g., Zea et al., 1999) or via the Internet (e.g., Nakamura & Zea, 2010), most participants in the present sample reported high levels of formal educational attainment and
identified as middle class. Such high educational attainment was also evinced in Internet-recruited samples of sexual minority people with other racial/ethnic minority backgrounds (e.g., Szymanski & Gupta, 2009a, 2009b). In addition, mean levels of English speaking and reading abilities were high in the present sample, likely because the survey was presented in English. These sample characteristics shape the generalizability boundaries of our findings. It is important to consider, however, that demographic characteristics of sexual minority people are not gathered in population benchmarks such as the U.S. Census, making it difficult to determine the extent to which any sample of sexual minority people is representative of the population as a whole (Meyer & Wilson, 2009). Nonetheless, an important goal for future research with sexual minority Latina/o people is to include participants representing a broader range of socioeconomic characteristics.

Another limitation of the study is that acculturation to U.S. culture and enculturation to Latina/o culture were not assessed directly. However, given that generation of immigration and English language ability are often used as proxies for acculturation (see Viruell-Fuentes, Miranda, & Abdulrahim, 2012), the high proportion of U.S.-born participants and high English ability in the present sample suggest high levels of acculturation. Recent meta-analyses suggest that greater U.S. acculturation is significantly—although modestly (absolute value of $\rho$ range from .06 to .14)—associated with lower psychological distress, greater well-being, and lower reports of racist discrimination (Lee & Ahn, 2012; Yoon et al., 2013). A fruitful avenue for future research may be to examine the replicability of the present findings with sexual minority Latina/o people of diverse acculturation and enculturation levels.

Our sample also reported low to average levels of external oppression, internalized oppression, and psychological distress, and reported moderate to high levels of well-being. These patterns are consistent with those reported in prior samples of sexual minority Latina/o people (e.g., Nakamura & Zea, 2010; Zea et al., 1999) and sexual minority people of other racial/ethnic minority backgrounds (e.g., Szymanski & Gupta, 2009a, 2009b). Because such range restriction could attenuate observed relations between variables, samples with broader ranges of oppression experiences may reveal stronger relations than those observed in the present study or in prior research. Nevertheless, it is important to underscore that even in the context of such potential attenuation, the links between external and internalized oppressions with mental health are robust across studies (Newcomb & Mustanski, 2010; Pascoe & Smart Richman, 2009).

An additional consideration is the cross-sectional design of this study. Although some longitudinal and experimental studies support the direction of
relation from external and internalized oppressions to subsequent mental health concerns (e.g., Hatzenbuehler, Dovidio, Nolen-Hoeksema, & Phillips, 2009; McCoy & Major, 2003), the present data do not directly address temporal precedence or causality. The source of data is another methodological consideration. Although individuals’ subjective experiences of oppression are a valuable point of inquiry, self-reports such as those used in the present study could be complemented with other indicators of external and internalized oppressions (e.g., antidiscrimination laws, implicit attitudes). Future research could also explore interpersonal and collective factors, such as familism or collective action (e.g., Bettendorf & Fischer, 2009; DeBlaere et al., 2014), that may be salient buffers against external and internalized oppressions for sexual minority Latina/o people.

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